

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PFO-875)

SERIAL NO.

10541281

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		2		1		
5	2			1		
6		2		1		
7		1		1		
8		1		1		
9		1		1		
10		1		1		
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TOTAL IND.	1	↓	1	↓		↓
TOTAL DEP.	19	↔	19	↔		↔
TOTAL CLAIMS	20	████████	20	████████		████████

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		8				8
TOTAL DEP.		↔				↔
TOTAL CLAIMS		████████		████████		████████